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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

<i>Application Number</i>	09/915,681
<i>Filing Date</i>	JULY 26, 2001
<i>First Named Inventor</i>	MARIEN DE SCHIPPER
<i>Group Art Unit</i>	2871
<i>Examiner Name</i>	TIMOTHY L. RUDE
<i>Attorney Docket Number</i>	NL000441

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114

a. Previously submitted

i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on June 12, 2003.
(Any unentered amendment(s) referred to above will be entered).

ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. Other _____

b. Enclosed

i. Amendment/Reply

ii. Affidavit(s)/Declaration(s)

iii. Information Disclosure Statement (IDS)

iv. Other _____ (may not be a brief)

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(l))

b. Other _____

3. Fees

a. The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	JOHN VODORIA	Registration No. (Attorney/Agent)	36,299
Signature	31 July 2003		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tel#: _____ on the date below:

Name (Print Type)	G. LAMPRECHT	
Signature	<i>G. Lamprecht</i>	Date <i>July 31, 2003</i>

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